

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	07/08/2019 16:29
Date Of Accident	06/08/2019 17:30
Exact Location Of Accident	SLE TWDS CITY B4 EXIT 9(L/P 552)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX7636Y
Insured/Policyholder	
Name Of Registered Owner	TAN CHEE YOONG
NRIC No	S9532397I
Email Address	JOHNTANCHEEYOONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97341503
Alternative Phone No	OTHERS-97341503

Vehicle Particulars

Manufacturer	HONDA
Model	CB400
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5109062601
Cover Note Number	

Driver

Name of Driver	TAN CHEE YOONG
NRIC No	S9532397I
Date Of Birth	08/09/1995
Occupation	INDOOR
Date Of Driving Pass	02/04/2019
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97341503
Fax Number	
Contact Number	OTHERS-97341503
Email Address	JOHNTANCHEEYOONG@GMAIL.COM

Address	BLK 421 CANBERRA ROAD #11-429
Postcode	750421
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SEMBANWANG NPC
Police Station Address	ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190807/2030

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMN1678K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	TAN CHEE YOONG
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FX7636Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan


SKETCH PLAN


IMPORTANT NOTICE

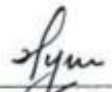
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by Interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:

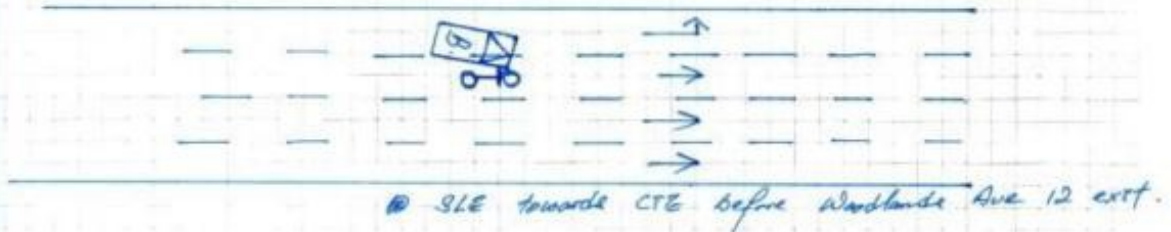

Driver's Signature
(If driver is not the policyholder)
Date & Time:

 07/08/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

(A 0-10) FX 7636Y.
(B) SMN 1678K.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer To Police Report No:
T/20190807/2030.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190807/2030

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

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Report No. T/20190807/2030

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FX7636Y	NTUC Income Insurance Co-Operative Limited	5109062601	23/04/2019	22/04/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TAN CHEE YOONG	ID No.	S9532397I
Related Vehicle	FX7636Y (Motorcycle)	Contact No.	97341503
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	06/08/2019	Date Discharge	07/08/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	ADRIAN TAN XUAN ZHI	ID No.	S9318871C
Related Vehicle	SMN1678K (Car)	Contact No.	96813242
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 06/08/2019 at about 1730 hrs, I was riding my motorcycle along SLE towards City on the 3rd lane before Exit 9. Suddenly a car came and hit onto my left side handlebar causing me to fall down from my motorcycle.

After the accident, I called the Ambulance and exchange the particulars with the driver. The ambulance came and attended to my injuries. The said driver shown his in-car camera to me, Traffic Police officer at scene and NTUC Insurance personnel. The recordings shows that his vehicle was on the lane going towards exit 9 and he suddenly turn right and hit onto my motorcycle.

At about 20:00 hrs, I seek treatment at Khoo Teck Puat Hospital and I was discharge on 7 Aug 2019. I was given 5 days MC.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190807/2090

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Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757833
Tel No: 1800-5548989

Report No. T/20190807/2090

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/08/2019 11:19	Video Report No.:	Station Diary No.: 37
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Informant's Particulars

Name of Informant: TAN CHEE YOONG		Address: APT BLK 421 CANBERRA ROAD #11-429 SINGAPORE 750421	
ID Type / ID No.: NRIC NO / S95323971		Contact No.: Home/Office: Mobile: 97341503	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 23	Date of Birth: 08/09/1995	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: Singapore Armed Forces personnel		Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/08/2019 17:30	Type of Location: Straight Road
Location: Along Road 1 SELETAR EXPRESSWAY SLE toward CITY before exit 9. Lamp Post Number: 552				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX7636Y	Motorcycle	HONDA	CB400 Spec 3	Grey	Seriously Damaged	0
GMN1678K	Car	HONDA	VEZEL	Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
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Police Report



**SINGAPORE
POLICE FORCE**



T201908072030

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549898

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Report No: T201908072030

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FX7636Y	NTUC Income Insurance Co-Operative Limited	5108062601	23/04/2019	22/04/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	TAN CHEE YOONG		ID No.	S9532397I
Related Vehicle	FX7836Y (Motorcycle)		Contact No.	97341503
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	08/08/2019		Date Discharge	07/08/2019
No. of Days granted Medical Leave	05		Degree of Injury	Slight
Driver				
Name	ADRIAN TAN XUAN ZHI		ID No.	S9318871C
Related Vehicle	SMN1678K (Car)		Contact No.	96813242
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 08/08/2019 at about 1730 hrs, I was riding my motorcycle along SLE towards City on the 3rd lane before Exit 9. Suddenly a car came and hit onto my left side handlebar causing me to fall down from my motorcycle.

After the accident, I called the Ambulance and exchange the particulars with the driver. The ambulance came and attended to my injuries. The said driver shown his in-car camera to me, Traffic Police officer at scene and NTUC Insurance personnel. The recordings shows that his vehicle was on the lane going towards exit 9 and he suddenly turn right and hit onto my motorcycle.

At about 20:00 hrs, I seek treatment at Khoo Teck Puat Hospital and I was discharge on 7 Aug 2019. I was given 5 days MC.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190807/2030

3 of 4

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5548999

Report No: T/20190807/2030

CONTINUATION OF REPORT

Police Report



**SINGAPORE
POLICE FORCE**



T/20190807/2030

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5548989

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Report No. T/20190807/2030

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: L / Staff Sgt LIM FEI YANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/08/2019 11:19
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED HUSNUL TAUFIQ BIN.MD. YUSOF Contact No.: 65478359	Classification Of Case:
Authentication Stamp NP168	 Signature: Singapore Police Force